



Sharmans Guarantee Application Form

To enable us to provide the correct guarantee and comply with our quality systems, please complete and return the following details to request a guarantee.

Guarantee to be posted: YES / NO

Or guarantee to be e-mailed to: _____

Sharmans Order/Invoice Number	
Contractor Name	
Project Name	
Have Sharmans inspected the completed job?	YES / NO - if no, please provide photographic evidence.
Completion date	
Full Site Address	
Specifier / Client Name if different from above	

Specification	Tick	Approx. LM / SQ M	Finished Colour
Seamsil (Cut Edge)			
Delcote			
Delglaze			

I confirm that all works have been carried out in strict accordance with Sharmans System Specification and Product Data Sheets paying particular attention to instructions around thinners where “thinners must be purchased directly from Sharmans and must only be used in Seamsil Base Coat at a maximum rate of 5%”.

Tick

For Internal Use Only – Technical Sign Off

Name:	Signature:
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